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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	r Other Than An Au	itnorized Commit	ee		Office Use Only
1. NAME OF T' COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typ	ing, type	12FE4M	
,					
SENTRY INSURANCE	A MUTUAL COMF	PANY FEDERAL	. POLITIC	AL ACTIO	N COMMITTEE
ADDRESS (number and street)	10 East Doty Street				
Check if different	Suite 701				
than previously reported. (ACC)	MADISON			WI L	53703
2. FEC IDENTIFICATION NUM	IBER ▼ C	ITY 🛦		STATE A	ZIP CODE ▲
C C00545194	3.		NEW (N) OR	AM (A)	IENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Fe	eb 20 (M2)	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Ma	ar 20 (M3)	Jun 20 (M6)		20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)		or 20 (M4)	Jul 20 (M7)		20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	PRE-Election	Primary (12		General	
October 15 Quarterly Report (Q3)	Report for the:	Convention	(12C)	Special (12S)
January 31 Year-End Report (YE)	Floor	tion on	D D /	Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	✗ General (30	G)	Runoff (3	Special (30S)
Termination Report (TER)		tion on 11	08	2016	in the State of WI
5. Covering Period 10	20 2016		M M	/ D D / 28	2016
I certify that I have examined this	Report and to the best of	of my knowledge and	belief it is tru	ue, correct and	d complete.
Type or Print Name of Treasurer	GÁNTZ, DWAYNE, A., ,				
Signature of Treasurer	, DWAYNE, A., ,	[Electronical	ly Filed]	Date 12	07 2016
NOTE: Submission of false, erroneo	us, or incomplete informati	ion may subject the pe	rson signing th	nis Report to th	ne penalties of 52 U.S.C. § 30109
Office Use Only					FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		24493.80
	(b) Cash on Hand at Beginning of Reporting Period	28240.04	
	(c) Total Receipts (from Line 19)	1953.71	71842.33
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	30193.75	96336.13
7.	Total Disbursements (from Line 31)	1507.09	67649.47
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28686.66	28686.66
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date							
1. Contributions (other than loans) From:									
(a) Individuals/Persons Other									
Than Political Committees	1563.09	66096.52							
(i) Itemized (use Schedule A)	7 7 7	00090.32							
(ii) Unitemized	390.62	5745.81							
(iii) TOTAL (add	4 4	7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1							
Lines 11(a)(i) and (ii)▶	1953.71	71842.33							
(b) Political Party Committees	0.00	0.00							
(b) Political Party Committees	4 4	4 4							
(such as PACs)	0.00	0.00							
(d) Total Contributions (add Lines									
11(a)(iii), (b), and (c)) (Carry									
Totals to Line 33, page 5)▶	1953.71	71842.33							
2. Transfers From Affiliated/Other									
Party Committees	0.00	0.00							
3. All Loans Received	0.00	0.00							
3. All Loans neceived	4 4	4 4							
4. Loan Repayments Received	0.00	0.00							
5. Offsets To Operating Expenditures	7 7	-777-							
(Refunds, Rebates, etc.)									
(Carry Totals to Line 37, page 5)	0.00	0.00							
6. Refunds of Contributions Made	,								
to Federal Candidates and Other	000	000							
Political Committees	0.00	0.00							
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00							
8. Transfers from Non-Federal and Levin Funds	0.00	4 4							
(a) Non-Federal Account									
(from Schedule H3)	0.00	0.00							
(b) Levin Funds (from Schedule H5)	0.00	0.00							
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00							
O. Tatal Dansints (add Lines 44/d)									
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	1953.71	71842.33							
0. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	1953.71	71842.33							

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures: – (a) Allocated Federal/Non-Federal Activity (from Schedule H4) 		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	7.09	149.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7.09	149.47
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	1500.00	64400.00
. Independent Expenditures (use Schedule E)	0.00	0.00
i. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
. Refunds of Contributions To: (a) Individuals/Persons Other	4 4	4, 1, 4, 1, 4, 1, 4, 1, 4, 1, 4, 1, 1, 4, 1, 1, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
Than Political Committees	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))▶	0.00	0.00
. Other Disbursements (Including Non-Federal Donations)	0.00	3100.00
Federal Election Activity (52 U.S.C. § 30101(20) (a) Allocated Federal Election Activity (from Schedule H6)))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1507.00	67649.47
Total Federal Disbursements	1507.09	01049.41
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	4507.00	
noni Line 01/	1507.09	67649.47

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

FEC Form 3X (Rev. 05/2016)		Page 3
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1953.71	71842.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1953.71	71842.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	7.09	149.47
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7.09	149.47

							PAGE	6	OF	24
(check only one)										
		X	11a		11b		11c	12	2	
			13		14		15	16	6	17

or for commercial purposes, other than using the	the name and address of any political committee	
NAME OF COMMITTEE (In Full) SENTRY INSURANCE A MUT	UAL COMPANY FEDERAL POLI	TICAL ACTION COMMITTEE
A. Full Name of Individual (Last, First, Middle In ANDERSON, KENNETH, , , Mailing Address 1800 NORTH POINT DRIVE	, ,	Date of Receipt
City STEVENS POINT	State Zip Code WI 54481	Transaction ID : SA11AI.5107
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) SENTRY INSURANCE Receipt For:	Occupation (for Individual) DIR-CORP DEV PRODUCTS & U/W	Memo Item PAYROLL DEDUCTION
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
B. ANDERSON, KENNETH, , , Mailing Address 1800 NORTH POINT DRIVE		Date of Receipt 11 13 2016
City STEVENS POINT	State Zip Code WI 54481	Transaction ID : SA11AI.5108 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) DIR-CORP DEV PRODUCTS & U/W	PAYROLL DEDUCTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle In C. ANDERSON, KENNETH, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1800 NORTH POINT DRIVE	:	11 27 2016
City STEVENS POINT	State Zip Code WI 54481	Transaction ID : SA11AI.5109 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer (for Individual) SENTRY INSURANCE Receipt For:	Occupation (for Individual) DIR-CORP DEV PRODUCTS & U/W	Memo Item PAYROLL DEDUCTION
Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	r only)	30.00

F	FOR LINE NUMBER:							7	OF		24
(0	(check only one)										
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		13		14		15		16	;		17

	orts and Statements may not be sold or used by any personusing the name and address of any political committee to	
NAME OF COMMITTEE (In Full) SENTRY INSURANCE A	MUTUAL COMPANY FEDERAL POLIT	TICAL ACTION COMMITTEE
Full Name of Individual (Last, First, BEVERSDORF, BRETT, , , Mailing Address 1800 NORTH POIN	Middle Initial) or Full Organization Name T DRIVE	Date of Receipt
City	State Zip Code	10 30 2016 Transaction ID : SA11AI.5116
STEVENS POINT	WI 54481	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	77.00
Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) DIR-AVIATION & TRAVEL SERVICES	Memo Item PAYROLL DEDUCTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1348.00	
Full Name of Individual (Last, First, BEVERSDORF, BRETT, , , Mailing Address 1800 NORTH POIN	Middle Initial) or Full Organization Name	Date of Receipt
City STEVENS POINT	State Zip Code WI 54481	11 13 2016 Transaction ID : SA11Al.5117 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	77.00
Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) DIR-AVIATION & TRAVEL SERVICES	Memo Item PAYROLL DEDUCTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1425.00	
Full Name of Individual (Last, First, BEVERSDORF, BRETT, ,	Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 1800 NORTH POIN	T DRIVE	11 27 2016
City STEVENS POINT	State Zip Code WI 54481	Transaction ID : SA11AI.5118 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	77.00
Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) DIR-AVIATION & TRAVEL SERVICES	Memo Item PAYROLL DEDUCTION
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1502.00	
SUBTOTAL of Receipts This Page (or	otional)	231.00
TOTAL This Period (last page this line	number only)	

Use separate schedule(s) for each category of the Detailed Summary Page

F	OR	LINE	:	PAGE		8	OF	24		
(check only one)										
	X	11a		11b		11c		12		
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or for commercial purposes, other than using	the name and ad	dress of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) SENTRY INSURANCE A MU	TUAL COMI	PANY FEDERAL POLI	TICAL ACTION COMMITTEE
Full Name of Individual (Last, First, Middle BRANDL, BILL, , , Mailing Address 1800 NORTHPOINT DRIV		ganization Name	Date of Receipt
Cit.	Ctoto	Zin Codo	10 30 2016
City STEVENS POINT	State WI	Zip Code 54481	Transaction ID : SA11AI.5119 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) SENTRY INSURANCE	· ·	pation (for Individual) NC CLAIMS	Memo Item PAYROLL DEDUCTION
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 275.00	
Full Name of Individual (Last, First, Middle B. BRANDL, BILL, , , Mailing Address 1800 NORTHPOINT DRIV		ganization Name	Date of Receipt 11 13 2016
City	State	Zip Code	Transaction ID : SA11AI.5120
STEVENS POINT	WI	54481	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual) SENTRY INSURANCE		pation (for Individual) WC CLAIMS	Memo Item PAYROLL DEDUCTION
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle C. BRANDL, BILL, , ,	Initial) or Full Org	ganization Name	Date of Receipt
Mailing Address 1800 NORTHPOINT DRIV	/E		11 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City STEVENS POINT	State WI	Zip Code 54481	Transaction ID : SA11AI.5121 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual) SENTRY INSURANCE		oation (for Individual) VC CLAIMS	Memo Item PAYROLL DEDUCTION
Receipt For: Primary General Other (specify)	Aggregate Y	/ear-to-Date ▼ 325.00	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number)			75.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	=	9	OF	24
(check only one)										
	X	11a		11b		11c		12	2	
		13		14		15		16	6	17

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) SENTRY INSURANCE A MUT	UAL COMPANY FEDERAL POLIT	FICAL ACTION COMMITTEE
Full Name of Individual (Last, First, Middle In DIETRY, MICHAEL, , , Mailing Address 1800 NORTH POINT DRIVE	itial) or Full Organization Name	Date of Receipt
City STEVENS POINT FEC ID number of contributing federal political committee. Name of Employer (for Individual) SENTRY INSURANCE Receipt For: Primary General Other (specify) ▼	State WI Zip Code 54481 C Occupation (for Individual) AVP-PL PRODUCT & AGENCY SALES Aggregate Year-to-Date 569.47	Transaction ID : SA11AI.5134 Amount of Each Receipt this Period 30.77 Memo Item PAYROLL DEDUCTION
Full Name of Individual (Last, First, Middle In DIETRY, MICHAEL, , , , Mailing Address 1800 NORTH POINT DRIVE City STEVENS POINT FEC ID number of contributing federal political committee. Name of Employer (for Individual) SENTRY INSURANCE Receipt For: Primary General Other (specify)	State Zip Code WI 54481 C Occupation (for Individual) AVP-PL PRODUCT & AGENCY SALES Aggregate Year-to-Date 600.24	Date of Receipt 11 13 2016 Transaction ID : SA11AI.5135 Amount of Each Receipt this Period 30.77 Memo Item PAYROLL DEDUCTION
Full Name of Individual (Last, First, Middle In DIETRY, MICHAEL, , ,) Mailing Address 1800 NORTH POINT DRIVE City STEVENS POINT FEC ID number of contributing federal political committee. Name of Employer (for Individual) SENTRY INSURANCE Receipt For: Primary General Other (specify)		Date of Receipt 11
SUBTOTAL of Receipts This Page (optional)	<u>*</u>	92.31
TOTAL This Period (last page this line number	only)	

F	OR	LINE	NU	MBER	:	PAGE	. 1	10	OF	24
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	13 14							16		17

	the name and address of any political committee	
NAME OF COMMITTEE (In Full) SENTRY INSURANCE A MUT	TUAL COMPANY FEDERAL PO	LITICAL ACTION COMMITTEE
Full Name of Individual (Last, First, Middle FELDMAN, JEAN, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1800 NORTHPOINT DRIVE		10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City STEVENS POINT	State Zip Code 54481	Transaction ID : SA11AI.5140 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	24.42
Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) DIR-MANAGED CARE	Memo Item PAYROLL DEDUCTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 341.88	
Full Name of Individual (Last, First, Middle FELDMAN, JEAN, , , Mailing Address 1800 NORTHPOINT DRIVE	· · ·	Date of Receipt
City STEVENS POINT	State Zip Code WI 54481	Transaction ID : SA11AI.5141 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	24.42
Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) DIR-MANAGED CARE	Memo Item PAYROLL DEDUCTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 366.30	
Full Name of Individual (Last, First, Middle FELDMAN, JEAN, , ,	· · ·	Date of Receipt
Mailing Address 1800 NORTHPOINT DRIVE		11 27 2016
City STEVENS POINT	State Zip Code WI 54481	Transaction ID : SA11AI.5142 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	24.42
Name of Employer (for Individual) SENTRY INSURANCE Receipt For:	Occupation (for Individual) DIR-MANAGED CARE	Memo Item PAYROLL DEDUCTION
Primary General Other (specify)	Aggregate Year-to-Date ▼ 390.72	
SUBTOTAL of Receipts This Page (optional).		73.26
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

		LINE			:	PAGE	 11	OF	24
(0	che	ck only							
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13 14					15	16	6	17	

	the name and address of any political committee	
NAME OF COMMITTEE (In Full) SENTRY INSURANCE A MU	JTUAL COMPANY FEDERAL POL	ITICAL ACTION COMMITTEE
Full Name of Individual (Last, First, Middle FIRMINHAC, KRISTINE, , ,		Date of Receipt
Mailing Address 1800 NORTHPOINT DRIV	√E 	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City STEVENS POINT	State Zip Code WI 54481	Transaction ID : SA11AI.5143
	WI 54481	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
SENTRY INSURANCE	DIR-RESERVING-P&C	PAYROLL DEDUCTION
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	345.00	
Full Name of Individual (Last, First, Middle 3. FIRMINHAC, KRISTINE, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 1800 NORTHPOINT DRIV	/E	11 13 / 2016
City	State Zip Code	Transaction ID : SA11AI.5144
STEVENS POINT	WI 54481	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) DIR-RESERVING-P&C	Memo Item PAYROLL DEDUCTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name of Individual (Last, First, Middle FIRMINHAC, KRISTINE, , , Mailing Address 1800 NORTHPOINT DRI		Date of Receipt
		11 27 2016
City STEVENS POINT	State Zip Code WI 54481	Transaction ID : SA11AI.5145 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) DIR-RESERVING-P&C	Memo Item PAYROLL DEDUCTION
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (optional)	45.00
	·	
TOTAL This Period (last page this line num	ber only)	

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	13 14							16	;	17

Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	y not be sold or used by any personderess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) SENTRY INSURANCE A MUTU	JAL COM	PANY FEDERAL POLIT	TICAL ACTION COMMITTEE
Α.	Full Name of Individual (Last, First, Middle Init GWIDT, PAUL, , , Mailing Address 1800 NORTHPOINT DRIVE	ial) or Full O	rganization Name	Date of Receipt
				10 30 2016
	City STEVENS POINT	State WI	Zip Code 54481	Transaction ID : SA11AI.5152
	FEC ID number of contributing federal political committee.	C	34401	Amount of Each Receipt this Period 28.46
	Name of Employer (for Individual) SENTRY INSURANCE		pation (for Individual) FIN REPORTING & ACCOUNTING	Memo Item PAYROLL DEDUCTION
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 398.44	
В.	Full Name of Individual (Last, First, Middle Init GWIDT, PAUL, , , Mailing Address 1800 NORTHPOINT DRIVE	ial) or Full O	rganization Name	Date of Receipt
	City	State	Zip Code	Transaction ID : SA11AI.5153
	STEVENS POINT	WI	54481	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.46
	Name of Employer (for Individual) SENTRY INSURANCE		upation (for Individual) -FIN REPORTING & ACCOUNTING	Memo Item PAYROLL DEDUCTION
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 426.90	
С .	Full Name of Individual (Last, First, Middle Init GWIDT, PAUL, , ,	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address 1800 NORTHPOINT DRIVE			11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City STEVENS POINT	State WI	Zip Code 54481	Transaction ID : SA11AI.5154 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.46
	Name of Employer (for Individual) SENTRY INSURANCE		pation (for Individual) FIN REPORTING & ACCOUNTING	Memo Item PAYROLL DEDUCTION
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 455.36	TATROLL BEBOOTION
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	85.38

Use separate schedule(s) for each category of the Detailed Summary Page

				MBER	:	PAGE	 13	OF	24
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13 14					15	16		17	

or	for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) SENTRY INSURANCE A MUTU	JAL COMF	PANY FEDERAL POLIT	FICAL ACTION COMMITTEE
Α.	Full Name of Individual (Last, First, Middle Init JENSEMA, MATTHEW, , ,	ial) or Full Org	anization Name	Date of Receipt
	Mailing Address 1800 NORTHPOINT DRIVE			10 30 2016
	City	State	Zip Code	Transaction ID : SA11AI.5161
	STEVENS POINT	WI	54481	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item
	SENTRY INSURANCE	DIR-P	RODUCT MANAGEMENT-NSA	PAYROLL DEDUCTION
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Primary General	33 - 3		
	Other (specify) ▼		230.00	
_ B	Full Name of Individual (Last, First, Middle Init JENSEMA, MATTHEW, , ,	ial) or Full Org	anization Name	Date of Receipt
υ.	Mailing Address 1800 NORTHPOINT DRIVE			11 13 2016
	City	State	Zip Code	Transaction ID : SA11AI.5162
	STEVENS POINT	WI	54481	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer (for Individual) SENTRY INSURANCE		pation (for Individual) PRODUCT MANAGEMENT-NSA	Memo Item PAYROLL DEDUCTION
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 240.00	
-	Full Name of Individual (Last, First, Middle Init JENSEMA, MATTHEW, , ,	ial) or Full Org	anization Name	Date of Receipt
	Mailing Address 1800 NORTHPOINT DRIVE			11 27 2016
	City	State WI	Zip Code	Transaction ID : SA11AI.5163
	STEVENS POINT	VVI	54481	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer (for Individual) SENTRY INSURANCE		ation (for Individual) RODUCT MANAGEMENT-NSA	Memo Item PAYROLL DEDUCTION
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Primary General Other (specify)	39.53	250.00	
H	SUBTOTAL of Receipts This Page (optional)		>	30.00

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	the name and address of any political committee						
NAME OF COMMITTEE (In Full) SENTRY INSURANCE A MUT	UAL COMPANY FEDERAL POL	ITICAL ACTION COMMITTEE					
Full Name of Individual (Last, First, Middle Ir KELLY, TIM, , , Mailing Address 1800 NORTHPOINT DRIVE	nitial) or Full Organization Name	Date of Receipt					
		10 30 2016					
City STEVENS POINT	State Zip Code WI 54481	Transaction ID : SA11AI.5167 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	30.77					
Name of Employer (for Individual) SENTRY INSURANCE	SENTRY INSURANCE AVP-CL CLAIMS						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 369.24						
Full Name of Individual (Last, First, Middle Ir KELLY, TIM, , , Mailing Address 1800 NORTHPOINT DRIVE	nitial) or Full Organization Name	Date of Receipt					
City STEVENS POINT	State Zip Code WI 54481	Transaction ID : SA11Al.5168 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	30.77					
Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) AVP-CL CLAIMS	Memo Item PAYROLL DEDUCTION					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.01						
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 1800 NORTHPOINT DRIVE		11 27 2016					
City STEVENS POINT	State Zip Code WI 54481	Transaction ID : SA11AI.5169 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	30.77					
Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) AVP-CL CLAIMS	Memo Item PAYROLL DEDUCTION					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 430.78						
SUBTOTAL of Receipts This Page (optional)		92.31					
TOTAL This Period (last page this line number	r only)						

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	commercial purposes, other than using the n				to solicit contributions from such committee.
1 \	ME OF COMMITTEE (In Full) ENTRY INSURANCE A MUTUA	AL CO)MP	ANY FEDERAL POL	ITICAL ACTION COMMITTEE
A. KN	Name of Individual (Last, First, Middle Initial NEZ, STEVE, , , ling Address 1800 NORTHPOINT DRIVE	l) or Full	l Orga	nization Name	Date of Receipt 10 30 2016
City STI	EVENS POINT	State Zip Code WI 54481			Transaction ID : SA11AI.5170 Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	С			33.29
SEN	ne of Employer (for Individual) NTRY INSURANCE eipt For:	s	SR DIR	tion (for Individual) -IND LIFE & ANNUITIES	Memo Item PAYROLL DEDUCTION
	Primary General Other (specify) ▼	Aggrega	ate Yea	ar-to-Date ▼ 466.06	
B. K	Name of Individual (Last, First, Middle Initia NEZ, STEVE, , , ling Address 1800 NORTHPOINT DRIVE	l) or Full	l Orga	nization Name	Date of Receipt 11 13 2016
City	EVENS POINT	State WI		Zip Code 54481	Transaction ID : SA11Al.5171 Amount of Each Receipt this Period
fede	CID number of contributing eral political committee.	С			33.29
SEN	ne of Employer (for Individual) ITRY INSURANCE			tion (for Individual) R-IND LIFE & ANNUITIES	PAYROLL DEDUCTION
Rec	eipt For: Primary General Other (specify) ▼	Aggrega	ate Yea	ar-to-Date ▼ 499.35	
	Name of Individual (Last, First, Middle Initia	l) or Full	l Orga	nization Name	Date of Receipt
Mail	ing Address 1800 NORTHPOINT DRIVE				11 27 2016
City	EVENS POINT	State WI		Zip Code 54481	Transaction ID : SA11AI.5172 Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C			33.29
SEN	ne of Employer (for Individual) NTRY INSURANCE	I		tion (for Individual) -IND LIFE & ANNUITIES	Memo Item PAYROLL DEDUCTION
Hec	eipt For: Primary General Other (specify)	Aggrega	ate Yea	ar-to-Date ▼ 532.64	
	OTAL of Receipts This Page (optional) L This Period (last page this line number on			<u> </u>	99.87

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				to solicit contributions from such committee.
NAME OF COMMI SENTRY IN:		AL COMF	PANY FEDERAL POL	TICAL ACTION COMMITTEE
A. LEMEROND, R	idual (Last, First, Middle Initia OBERT, , , 800 NORTHPOINT DRIVE	al) or Full Org	anization Name	Date of Receipt 10 30 2016
City STEVENS POINT		State WI	Zip Code 54481	Transaction ID : SA11AI.5179 Amount of Each Receipt this Period
FEC ID number of federal political cor	•	С		10.00
Name of Employer SENTRY INSURAN Receipt For: Primary Other (specif	NCE General	PROG	ation (for Individual) BRAM MANAGER ear-to-Date ▼ 230.00	Memo Item PAYROLL DEDUCTION
B. LEMEROND,	idual (Last, First, Middle Initia ROBERT, , , B00 NORTHPOINT DRIVE	al) or Full Org	anization Name	Date of Receipt 11 13 2016
City STEVENS POINT FEC ID number of federal political con	mmittee.	State WI	Zip Code 54481	Transaction ID : SA11AI.5180 Amount of Each Receipt this Period 10.00 Memo Item
Receipt For: Primary Other (specif	General		BRAM MANAGER ear-to-Date ▼ 240.00	PAYROLL DEDUCTION
c. LEMEROND	6 contributing mmittee. 7 (for Individual) NCE General	State WI C Occup	anization Name Zip Code 54481 ation (for Individual) RAM MANAGER ear-to-Date ▼ 250.00	Date of Receipt 11 27 2016 Transaction ID : SA11AI.5181 Amount of Each Receipt this Period 10.00 Memo Item PAYROLL DEDUCTION
	ipts This Page (optional)		·	30.00

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	sing the name and address of any political committee						
NAME OF COMMITTEE (In Full) SENTRY INSURANCE A I	MUTUAL COMPANY FEDERAL POL	ITICAL ACTION COMMITTEE					
Full Name of Individual (Last, First, Mid MARSDEN, STEPHEN, , , Mailing Address 1800 NORTH POINT I		Date of Receipt 10 30 2016					
City STEVENS POINT	State Zip Code WI 54481	Transaction ID : SA11AI.5182 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	30.77					
Name of Employer (for Individual) SENTRY INSURANCE Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) AVP-PL PRODUCTS & PRICING Aggregate Year-to-Date ▼ 607.74	Memo Item PAYROLL DEDUCTION					
Full Name of Individual (Last, First, Mid MARSDEN, STEPHEN, , , Mailing Address 1800 NORTH POINT D	, c	Date of Receipt 11 13 2016					
City STEVENS POINT FEC ID number of contributing federal political committee.	State Zip Code WI 54481	Transaction ID : SA11AI.5183 Amount of Each Receipt this Period 30.77 Memo Item					
Name of Employer (for Individual) SENTRY INSURANCE Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) AVP-PL PRODUCTS & PRICING Aggregate Year-to-Date ▼ 638.51	PAYROLL DEDUCTION					
Full Name of Individual (Last, First, Mic MARSDEN, STEPHEN, , , , Mailing Address 1800 NORTH POINT II City STEVENS POINT FEC ID number of contributing federal political committee. Name of Employer (for Individual) SENTRY INSURANCE Receipt For: Primary General Other (specify)	, c	Date of Receipt 11 27 2016 Transaction ID: SA11AI.5184 Amount of Each Receipt this Period 30.77 Memo Item PAYROLL DEDUCTION					
	onal)	92.31					

Use separate schedule(s) for each category of the Detailed Summary Page

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	e name and address of any political committee	
NAME OF COMMITTEE (In Full) SENTRY INSURANCE A MUT	UAL COMPANY FEDERAL POL	ITICAL ACTION COMMITTEE
Full Name of Individual (Last, First, Middle In MARTIN, MICHAEL, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1800 NORTHPOINT DRIVE		10 30 2016
City STEVENS POINT	State Zip Code WI 54481	Transaction ID : SA11AI.5185
STEVENS POINT	VVI 0440 I	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
SENTRY INSURANCE	TERRITORY MANAGER-BP	PAYROLL DEDUCTION
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	230.00	
Full Name of Individual (Last, First, Middle In	litial) or Full Organization Name	Date of Receipt
Mailing Address 1800 NORTHPOINT DRIVE		11 13 2016
City	State Zip Code	Transaction ID : SA11AI.5186
STEVENS POINT	WI 54481	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) TERRITORY MANAGER-BP	Memo Item PAYROLL DEDUCTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle In	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1800 NORTHPOINT DRIVE		11 27 2016
City	State Zip Code WI 54481	Transaction ID : SA11AI.5187
STEVENS POINT	WI 54481	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) TERRITORY MANAGER-BP	Memo Item PAYROLL DEDUCTION
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)		30.00
TOTAL This Period (last page this line number	<u>_</u>	

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(check only one)					15		16		17		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE Full Name of Individual (Last, First, Middle Initial) or Full Organization Name POTTER, JIM, , , Date of Receipt Mailing Address 1800 NORTHPOINT DRIVE 2016 30 City Zip Code State Transaction ID: SA11AI.5194 WI 54481 STEVENS POINT Amount of Each Receipt this Period FEC ID number of contributing C 55.85 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SENTRY INSURANCE **DIR-CLAIMS SHARED SERVICES** PAYROLL DEDUCTION Receipt For: Aggregate Year-to-Date ▼ Primary General 781.90 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. POTTER, JIM, , , Date of Receipt Mailing Address 1800 NORTHPOINT DRIVE 11 13 2016 City State Zip Code Transaction ID: SA11AI.5195 STEVENS POINT WI 54481 Amount of Each Receipt this Period FEC ID number of contributing 55.85 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SENTRY INSURANCE PAYROLL DEDUCTION **DIR-CLAIMS SHARED SERVICES** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 837.75 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. POTTER, JIM, , , Date of Receipt Mailing Address 1800 NORTHPOINT DRIVE 2016 City State Zip Code Transaction ID: SA11AI.5196 WI STEVENS POINT 54481 Amount of Each Receipt this Period

federal political committee.	C	55.85
Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) DIR-CLAIMS SHARED SERVICES	Memo Item PAYROLL DEDUCTION
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 893.60	
	er only)	167.55
- To The Third Country and the Third Country	<u> </u>	FEC Schedule A (Form 3X) Rev. 06/2

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full)	ΓUAL COMPANY FEDERAL POLIT	
Full Name of Individual (Last, First, Middle I ROBINSON, ELISHA, , , Mailing Address 1800 NORTHPOINT DRIVE	· · · · · · · · · · · · · · · · · · ·	Date of Receipt
		10 30 2016
City STEVENS POINT	State Zip Code WI 54481	Transaction ID : SA11AI.5200 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	35.00
Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) AVP-FINANCIAL PLANNING & ANALY	Memo Item PAYROLL DEDUCTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	
Full Name of Individual (Last, First, Middle I ROBINSON, ELISHA, , ,	, ,	Date of Receipt
Mailing Address 1800 NORTHPOINT DRIVE City STEVENS POINT FEC ID number of contributing	State Zip Code WI 54481	Transaction ID : SA11AI.5201 Amount of Each Receipt this Period
Name of Employer (for Individual) SENTRY INSURANCE Receipt For: Primary General	Occupation (for Individual) AVP-FINANCIAL PLANNING & ANALY Aggregate Year-to-Date ▼	Memo Item PAYROLL DEDUCTION
Other (specify) ▼	525.00	
Full Name of Individual (Last, First, Middle I ROBINSON, ELISHA, , ,	, ,	Date of Receipt
Mailing Address 1800 NORTHPOINT DRIVE	State Zip Code	11 27 2016 Transaction ID : SA11AI.5202
STEVENS POINT FEC ID number of contributing federal political committee.	WI 54481	Amount of Each Receipt this Period 35.00
Name of Employer (for Individual) SENTRY INSURANCE Receipt For: Primary General Other (specify)	Occupation (for Individual) AVP-FINANCIAL PLANNING & ANALY Aggregate Year-to-Date ▼ 560.00	Memo Item PAYROLL DEDUCTION
SUBTOTAL of Receipts This Page (optional)		105.00
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NAME OF COMMITTEE (In Full) SENTRY INSURANCE A MUT	TUAL COMPANY FEDERAL POLI	TICAL ACTION COMMITTEE
Full Name of Individual (Last, First, Middle I SAEGER, NICK, , ,	Date of Receipt	
Mailing Address 1800 NORTHPOINT DRIVE	10 30 / Y Y Y Y Y Y Y	
City STEVENS POINT	State Zip Code WI 54481	Transaction ID : SA11AI.5203 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	36.54
Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) AVP-TRANS PRODUCTS & PRICING	Memo Item PAYROLL DEDUCTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 511.56	
Full Name of Individual (Last, First, Middle I SAEGER, NICK, , , Mailing Address 1800 NORTHPOINT DRIVE	,	Date of Receipt 11 13 2016
City STEVENS POINT	State Zip Code WI 54481	Transaction ID : SA11AI.5204 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	36.54
Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) AVP-TRANS PRODUCTS & PRICING	Memo Item PAYROLL DEDUCTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 548.10	
Full Name of Individual (Last, First, Middle I SAEGER, NICK, , ,		Date of Receipt
Mailing Address 1800 NORTHPOINT DRIVE		11 27 2016
City STEVENS POINT	State Zip Code WI 54481	Transaction ID : SA11AI.5205 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	36.54
Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) AVP-TRANS PRODUCTS & PRICING	Memo Item PAYROLL DEDUCTION
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 584.64	
SUBTOTAL of Receipts This Page (optional)	····	109.62
TOTAL This Period (last page this line numbe	er only)	

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NAME OF COMMITTEE (In Full) SENTRY INSURANCE A MUT	UAL COMPANY FEDERAL POLI	TICAL ACTION COMMITTEE						
Full Name of Individual (Last, First, Middle In STRUBLE, SHAD, , ,	Date of Receipt							
Mailing Address 1800 NORTH POINT DRIVE								
City	State Zip Code	Transaction ID: SA11AI.5212						
STEVENS POINT	WI 54481	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	10.00						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
SENTRY INSURANCE	SENTRY INSURANCE DIR-IT INFRASTRUCTURE							
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼	230.00							
Full Name of Individual (Last, First, Middle In STRUBLE, SHAD, , ,	nitial) or Full Organization Name	Date of Receipt						
Mailing Address 1800 NORTH POINT DRIVE		11 13 2016						
City	State Zip Code	Transaction ID : SA11Al.5213						
STEVENS POINT	WI 54481	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	10.00						
Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) DIR-IT INFRASTRUCTURE	Memo Item PAYROLL DEDUCTION						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00							
Full Name of Individual (Last, First, Middle In STRUBLE, SHAD, , ,	nitial) or Full Organization Name	Date of Receipt						
Mailing Address 1800 NORTH POINT DRIVE		11 27 2016						
City STEVENS POINT	State Zip Code WI 54481	Transaction ID : SA11AI.5214 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	10.00						
Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) DIR-IT INFRASTRUCTURE	Memo Item PAYROLL DEDUCTION						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify)	250.00							
SUBTOTAL of Receipts This Page (optional)	•	30.00						
TOTAL This Period (last page this line number	r only)							

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE Full Name of Individual (Last, First, Middle Initial) or Full Organization Name YEISER, ROBERT, , , Date of Receipt Mailing Address 1800 NORTHPOINT DRIVE 30 2016 City Zip Code State Transaction ID: SA11AI.5224 WI STEVENS POINT 54481 Amount of Each Receipt this Period FEC ID number of contributing C 48.16 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SENTRY INSURANCE AVP-PL CUSTOMER & BRAND DEVEL PAYROLL DEDUCTION Receipt For: Aggregate Year-to-Date ▼ Primary General 529.76 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** YEISER, ROBERT, , , Date of Receipt Mailing Address 1800 NORTHPOINT DRIVE 2016 11 City Zip Code State Transaction ID: SA11AI.5225 STEVENS POINT WI 54481 Amount of Each Receipt this Period FEC ID number of contributing 48.16 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SENTRY INSURANCE PAYROLL DEDUCTION AVP-PL CUSTOMER & BRAND DEVE Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 577.92 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. YEISER, ROBERT, , , Date of Receipt Mailing Address 1800 NORTHPOINT DRIVE 2016 City Zip Code State Transaction ID: SA11AI.5226 WI STEVENS POINT 54481 Amount of Each Receipt this Period FEC ID number of contributing C 48.16 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAYROLL DEDUCTION SENTRY INSURANCE AVP-PL CUSTOMER & BRAND DEVEL Receipt For: Aggregate Year-to-Date ▼ Primary General 626.08 Other (specify) 144.48 SUBTOTAL of Receipts This Page (optional)..... 1563.09 TOTAL This Period (last page this line number only).....

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S	CHEDULE B (FEC Form 3X)	ı				FOR LINE NUMBER: PAGE								24 (OF 24		
	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			(check only			NOMBER:									
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	NAME OF COMMITTEE (In Full)														<u> </u>		
	SENTRY INSURANCE A MUTUA	L COMP	ANY FEDER	AL	PC	DLIT	TICAL ACTION COMMITTEE							E			
٨	Full Name (Last, First, Middle Initial)		Dot		٠ D:	obro.		ont									
Α.	VOLUNTEERS FOR SHIMKUS		Date of Disbursement														
	Mailing Address PO BOX 661							11 17 2016									
	City	State	State Zip Code						FEC Identification Number								
	COLLINSVILLE	IL	62234					<i>-</i> 10	-	noatio		· ·	,01	-			
	Purpose of Disbursement CONTRIBUTION					\neg	C		H2I	L2004	12						
	Candidate Name			_	_					ction		_					
	SHIMKUS, JOHN M, , ,				egor ype	y/	Am	oun	t of	Lach	Di	sburs	semer	nt this F	Period		
		ment For: 2	2018		JPO									1500.0	0		
	Senate x	Primary	General				7 7 7 7										
	State: IL District: 15	Other (spec	cify) ▼				Memo Item										
_	Full Name (Last, First, Middle Initial)																
В.	(Date of Disbursement								
								M M / D D / Y Y Y Y									
	Mailing Address																
	City	State	State Zip Code						FEC Identification Number								
	Purpose of Disbursement	Category/ Type															
	Talpose of Bisbarcoment						С	L									
	Candidate Name						Amount of Each Disbursement this Period										
							Amount of Each dispursement this Period										
	Office Sought: House Disburse																
	Senate	Primary		4 4													
	President	Other (specify)					Memo Item										
_	State: District:						_				_						
C.	Full Name (Last, First, Middle Initial)						Dat	e o	f Dis	sburse	em:	ent					
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	Mailing Address							- M]	L			Ĺ.				
	City	State		FEC Identification Number													
	Purpose of Disbursement													\neg			
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	Candidate Name		Category/						Amount of Each Disbursement this Period								
	Office Sought: House Disburse	ment For:															
	Senate	Primary General						4 4									
President Other (specify) ▼							П	Me	mo	Item							
_	State: District:								ш								
	UBTOTAL of Disbursements This Page (optional).									_			_	1500.0	00		
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